

DOWNTOWN FACADE GRANT APPLICATION

CITY OF MOUNTAIN VIEW • COMMUNITY DEVELOPMENT DEPARTMENT
500 Castro Street □ Post Office Box 7540 □ Mountain View, CA 94039-7540 □ 650-903-6306 □ FAX 650-903-6474

☐ OWNER

☐ TENANT

NAME: _____ PHONE: _____
(please print)

MAILING ADDRESS: _____

PROJECT ADDRESS: _____

ESTIMATED TOTAL PROJECT COST: _____

DESCRIPTION OF WORK: _____

I understand all of the program guidelines and accept them as requirements to qualify for a Facade Grant.

SIGNATURE

DATE

**IF THE APPLICANT IS THE TENANT,
THE OWNER MUST COMPLETE THE FOLLOWING PORTION.**

OWNER'S AUTHORIZATION TO PROCEED

My signature below shall serve as authorization for the above-named tenant to proceed with the physical improvements described above. I certify that I am the legal owner of record of the above-named property.

SIGNATURE

DATE

REIMBURSEMENT REQUEST

LEAD CONTRACTOR: _____

ADDRESS: _____

DAYTIME PHONE: _____

TOTAL PROJECT COST: _____

DATE OF FINAL BUILDING INSPECTION: _____

WORK ITEMS:

CONTRACTOR	WORK PERFORMED	AMOUNT

ADDITIONAL EXPENSES	AMOUNT

I certify that the information provided is complete and accurate and represents only those materials and labor costs associated with the approved facade work. Photocopies of true and original bids, invoices, cancelled checks, etc. are attached.

SIGNATURE

DATE